

WARDEN'S OFFICE

Federal Correctional Institution

Oxford Warden

Mr. Robert Werlinger

NOV 19 2012

FCI OXFORD

To Federal Correctional Institution Warden Mr. Robert Werlinger, and to whom that it may concern this comes in regard to Inmate Samuel Haywood Myles, who respectfully file and two... (Fold Administrative BP-8 Complaint)...

(1). Complaint ... on and against Institutional Medical Staff of Federal Correctional Institution Oxford who over prescribe my high blood pressure Medicine (or) Medication with... (Generic Name: LISINAPRIL (lyse-IN-ah-pril) 20 MG Tab)... (Generic Name: on Ledipine (em-Lee-di-peen) 10 MG Tab...

(2). Complaint ... and regarding my left ... (ANKLE)... being Broken...

... (Administrative BP-8 Complaint Filed)...

Complaint: On October 8, 2012, I became lighted and reported it to Officer Grensee, before passing-out as to my overall condition my body weight would shift to my left leg and Ankle causing my Ankle to be Broken on both (side's) after the finding from and X-Ray on October 18,

2012, as of date I have swelling and discoloring in my foot also I have to use crutches to get around Medical Staff Lopez, Gupta, would over prescribe my high blood pressure Medicine... on October 8, 2012, my blood pressure would drop to 89/55...

Efforts made: I have and has spoken to Medical Staff RN Mr. Brad Melcom, regarding me seeing and... (Podiatrist or Chiropodist)... regarding my left foot and Ankle as of date I haven't spoken to... (KNOW-ONE)... regarding my Medical Condition that's... (Qualified)... to treat and fully diagnose my foot...

Federal Correctional Institution Oxford Worden Mr. Robert Werlinger, at this particular time I have personally written to please address my Medical Condition from the October 8, 2012, incident in which my blood pressure would drop to 89/55 as of date I personally haven't receive any form of after care regarding me passing out also I haven't spoken to anyone from Medical regarding my blood pressure dropping to 89/55 as of date November 14, 2012, I personally haven't receive any form of after care.

... as of date November 14, 2012, I haven't receive any form of after care for my... passing

out... blood pressure dropping to 89/55...
and left Ankle...

Mr. Robert Werlinger, personally, I Samuel Haywood Myles, file and Administrative BP-8 Complaint this document would be forward to Administrative Unit Staff Mr. Berstke, as of date Mr. Berstke, has fail to respond (er) address the issue's... Administrative BP-9 response time is 15 day's extended for an additional 15 calendar days but the inmate must be notified of the extension...

Mr. Robert Werlinger, do to the time that have on and has well surpass within it's self I personally, has written to seek and immediately response from the filing of and Administrative BP-8 Complaint.

Certificate of Service:

I, Samuel Haywood Myles, the undersigned, hereby declare under penalty of perjury that I placed this Complaint and deposit it within the Institution Mailing System with a prepaid first-class postage on November 14, 2012

Signed this 14 day of November, 2012

Samuel Haywood Myles
Signature of Movant

While at Federal Correctional Institution Oxford I would visit Mile Bluff Medical Center on and about November 27, 2012 to see and specialist (or) orthopedic surgeon Medical Doctor Mr. Robert R. Riedle . . . ASSESSMENT: Patient with a left ankle lateral malleolus fracture, with a medical ankle sprain . . . Now that the splint is removed, any ankle and foot swelling may become more prominently seen and he can have the swelling come and go, depending on his levels of activity, as well as amount of time of elevation, and can be expected over the next few weeks to few months . . .

While at Federal Correctional Institution Oxford I personally would e-mail Medical Staff Mr. Lopez regarding the October 8, 2012 incident regarding my left (Ankle) and that I'm unable to wear the Institutional issued Boot's when walking in these Boot's (or any hard shoes) my foot seem to twizzle and turn in also continuing soreness in my left ankle.

Bureau of Prisons Health Services Medical Duty, Status from Federal Correctional Institution Oxford . . . Housing Status . . . lower bunk . . . soft shoe pers . . . May have the following equipment in his/her possession; Equipment Brace-wrist Brace-back.

While incarcerated at Federal Correctional Institution Oxford I personally would request and pair of medical shoes and heel ace wrap, wrist brace, back brace, and a foot pen.

limp.

At this particular time Medical Staff Doctor Mr. Malatinsky, at Federal Correctional Institution Milan is failing to address and adhere to those policies adopted to address medical care for and Inmate institutional medical staff have and has deliberate disregard my medical needs.

Medical Staff Doctor Mr. Malatinsky, acting with indifference as to my medical needs Institutional Medical Staff have and has a duty to protect Inmate's from harm and to provide reasonable medical care that he know (or) should have known but failure to issue a prescription shoe would cause harm to my left foot and ankle.

Samuel Haywood Myles asserts that the Federal Bureau of Prisons have and has a duty to protect Inmate's from harm, and to provide Inmate's with reasonable medical care consistent with Federal Bureau of Prison's policies and procedures.

Samuel Haywood Myles, further alleges that Medical Staff Doctor Mr. Malatinsky at Federal Correctional Institution Milan, failed to execute Federal Bureau of Prisons policies and procedures when, despite repeated requests, Samuel Haywood Myles, was not allowed to receive and pair of prescription shoes.

...ADMINISTRATIVE REMEDY: inform resolve issue and pair of Medical Shoes to Inmate Samuel Haywood Myles, to satisfy this complaint.

Upon arrival at the Federal Detention Center in Milan, Michigan I would personally address some several medical issue's, to Medical Staff Doctor Zesto only to be inform that Medical Staff Doctor Malatinsky would have to approve and medical shoe before he Mr. Zesto, would be able to issue me and pair of medical shoes.

Personally I would forward Medical Staff Doctor Mr. Malatinsky and letter by way of the U.S Postal Service only to inform him personally of my overall medical condition some several Inmate Request To Staff (or) Institutional Cop-Out's have and has been forward to Medical Staff Doctor Mr. Malatinsky, from and e-mail response Medical Staff Doctor Mr. Malatinsky, . . . Response Date October 21, 2013, if you need immediate care please, sign up for sickcall . . . I Samuel Heywood Myles, would personally sign up for sickcall as requested by Medical Staff Doctor Mr. Malatinsky, upon arrival I would visit with and Physicians Assistant only to be assured that I personally would be able to see Medical Staff Doctor Mr. Malatinsky only after some several hours would I be inform by the some Physicians Assistant that Medical Staff Doctor Mr. Malatinsky, refuse to see me.

At this particular time I'm still having trouble with left foot . . . Pain across my foot some four inches from my big toe . . . Pain across my left ankle and running up the back of my calf from my ankle about five inches as of date the way that I walk have and has been altered also as of date I personally walk with and slight

TRULINCS 06212041 - MYLES, SAMUEL HAYWOOD - Unit: MIL-B-D

FROM: Medical Services
TO: 06212041
SUBJECT: RE:***Inmate to Staff Message***
DATE: 10/21/2013 04:02:03 PM

Mr. Myles,

We can discuss the shoe issue at your next visit with me. If you need immediate care, please, sign up for sick call.

Dr. Malatinsky

>>> ~^!"MYLES, ~^!SAMUEL HAYWOOD" <06212041@inmatemessage.com> 10/21/2013 9:28 AM >>>
To: DOCTOR MALATINSKY
Inmate Work Assignment: UNSIGN

WHILE AT FCI OXFORD AND E MAIL WOULD BE FORWAED TO MEDICAL STAFF DOCTOR LOPZE AND WHO THAT IT MAY FULLY CONCERN THIS E MAIL HAVE BEEN PREPARE AND FORWARD TO INSTITUTIONAL MEDICAL STAFF BY ME PERSONALLY WHO IS SEEKING AFTER CARE FROM THE OCTOBER 8 2012 INCIDENT END WHICH MY BODY WEIGHT WOULD SHIFT TO THE LIFT SIDE OF MY BODY CAUSING MY LEFT ANKLE TO BRAEKE AT THIS PARTICULAR TIME IM UMABLE TO WARE THE INSTITUTIONAL BOOT ORANY HARD SHOES WHEN WALKINGIN THSES BOOTS MY FOOT SAME TO TWIZZLE AND TURN OUT TO THE LEFT ALSO I PERSONALLY IS STILL HAVING CONTINUING SORENESS IN MY FOOT ANKLE AND LOWER LEG ALSO I WOULD LIKE TO PLEASE INFORM YOU THAT I CANN'T WARE SHOES FOR AND LONG PERIOD OF TIME BEFORE REMOVING THEM DOCTOR MALATINSKY I PERSONALLY HAVE AND HAS FORWARD YOU AND LETTER BY WAY OF US PORTAL MAIL ONLY NOT TO RECEIVE ANY FORM OF AND REPOSE FROM YOU OR ANYONE WHITIN MEDICAL DOCTOR MALATINSKY AT THIS PARTICULAR TIME IM SEEKING AFTER CARE FOR MY LEFT FOOT CAUSE OF ACTION FROM AND MEDICAL OVERDOSE FROM INSTITUTIONAL MEDICAL STAFF AT THE MONRING PILL LINE

GENERIC NAME: AMLODIPINE (am-LOE-di-peen)

COMMON USES: This medicine is a calcium channel blocker used to control high blood pressure or angina (chest pain). Reducing high blood pressure helps prevent strokes, heart attacks and kidney problems.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking azole antifungals (eg, itraconazole, ketoconazole), cyclosporine, diltiazem, HIV protease inhibitors (eg, ritonavir), sildenafil, simvastatin, or vasopressin receptor antagonists (eg, conivaptan). DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including low blood pressure, allergies, pregnancy, or breast-feeding. Tell your doctor if you have a history of heart problems (eg, heart failure, aortic stenosis, coronary artery disease) or liver problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Ask your doctor, nurse, or pharmacist any questions that you may have about this information. This medicine may be taken on an empty stomach or with food. If stomach upset occurs, take with food to reduce stomach irritation. STORE THIS MEDICINE at room temperature between 59 and 86 degrees F (15 and 30 degrees C) in a tightly-closed container, away from heat and light. KEEP THIS MEDICINE out of the reach of children and away from pets. Taking this medicine at the same time each day will help you remember to take it. CONTINUE TO TAKE THIS MEDICINE even if you feel well. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it has been more than 12 hours since you missed your last dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE IF you are allergic to any ingredient in this medicine. Lab tests, including blood pressure checks, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS OR DIZZINESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal". Tell your doctor if you develop any new symptoms. IF YOU ARE TAKING THIS MEDICINE FOR ANGINA, it will not relieve the pain of an acute attack if taken at the time of an acute attack. It prevents or reduces the number of angina attacks only if you take it on regular schedule. WHILE YOU ARE USING THIS MEDICINE, IT IS IMPORTANT TO BRUSH AND FLOSS YOUR TEETH CAREFULLY to reduce swelling and tenderness of your gums. ALTHOUGH RARE, this medicine has been known to increase chest pain and increase the risk of heart attack, especially in patients with severe heart disease. IF YOU HAVE HIGH BLOOD PRESSURE, do not use nonprescription products that contain stimulants. These products may include diet pills or cold medicines. Contact your doctor if you have any questions or concerns. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Use this medicine with caution in the ELDERLY; they may be more sensitive to its effects. PREGNANCY and BREAST-FEEDING: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. DO NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include: dizziness; drowsiness; fatigue; flushing; nausea; stomach pain; or weakness. If they continue or are bothersome, check with your doctor. SEEK MEDICAL ATTENTION RIGHT AWAY if any of these SEVERE side effects occur: fainting; fast, slow, or irregular heartbeat; pounding in the chest; severe or persistent dizziness; shortness of breath; swelling of feet or legs; symptoms of heart attack (eg, chest, jaw, or left arm pain; numbness or tingling of an arm or leg; sudden, severe headache or vomiting); tender, bleeding, or swollen gums; worsening angina pain (eg, longer, more often, more severe); or yellowing of the eyes or skin. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; or swelling of the mouth, face, lips, or tongue. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include dizziness, fainting, and a fast heartbeat.

ADDITIONAL INFORMATION: Use this medicine regularly to get the most benefit from it. To help you remember, take it at the same time each day. Have your blood pressure checked regularly while taking this medicine. It may be best to learn how to monitor your own blood pressure. Discuss this with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was

amLODIPine 10 MG TAB

MYLES, SAMUEL

91506-MIL

not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

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Issue Date: August 6, 2014

This information should not be used to decide whether or not to take this medicine or any other medicine. Only your health care provider has the knowledge and training to decide which medicines are right for you. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from your health care provider. You must talk with your healthcare provider for complete information about the risks and benefits of using this medicine.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088

FCI OXFORD, WISCONSIN

**DEPARTMENT HEAD DOCUMENTATION
ATTEMPT AT INFORMAL RESOLUTION**

REMEDY ID # 715824-F1

Inmate's Name: MYLES, Samuel Reg. No.: 06212-041 Housing Unit: Wood

TO BE COMPLETED BY THE DEPARTMENT HEAD ASSIGNED A BP-09:

1. Briefly state the inmate's complaint and requested corrective actions.

Inmate complained of not being examined completely and did not have a follow up concerning his left foot. Inmate complained that his left foot continue to be swollen and his 4 small toes were discolored.

Inmate claimed experienced dizziness and lightheadedness as a result of the effect of the two high blood pressure medication he was taking.

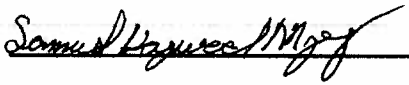
2. Document your efforts to resolve the matter to include policies reviewed. Note any reasons an informal resolution could not be achieved.

Inmate was seen by the Orthopedist 11-27-2012 and by the Clinical Director 12-13-2012.

Inmate would like to confirm w/ BP 9

Department Head Signature:  Date: 12-19-12

Department Head Name (Printed): C. LOPEZ, ASK

Inmate Signature/Register Number: 

If not informally resolved, forward this form with the BP-229 packet to the Administrative Remedy Coordinator/Clerk (Legal Office).

Response to Request for Administrative Remedy

Log No.: 715824-F1

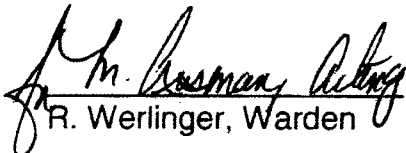
This is in response to your Request for Administrative Remedy, receipted on December 17, 2012, wherein you complain the blood pressure medication prescribed to you made you dizzy and lightheaded and caused you to fall on the floor. You also complained your foot was not completely examined and you did not have the proper follow-up evaluation.

A review of this matter reveals you have a history of hypertension and were prescribed multiple medications. On October 4, 2012, your unit officer found several expired medications in your locker. A review of these medications by the medical staff indicates you were not taking your medications as prescribed. The medical department placed your medications on pill line to monitor your compliance. On October 6, 2012, two days after your medications were placed on pill line, you developed dizziness and light headedness and you fell on the floor and hurt your left ankle. Upon examination, it was noted your blood pressure was low. The Clinical Director discontinued one of your blood pressure medications. Furthermore, your left ankle was noted to be swollen without significant deformity. The medical staff applied an immobilizer splint to your left lower extremity, gave you a pair of crutches, prescribed you medication and gave you medical advice. Your ankle continued to swell which prompted the medical staff to order an x-ray of your left ankle. The x-ray showed a non-displaced fracture of your left ankle.

On November 17, 2012, you were seen by the Orthopedist who indicates your left ankle was healed and ordered to discontinue the immobilizer splint and advised you to start weight bearing on the left ankle as tolerated and discontinue the use of crutches. In addition, on December 13, 2012, you were seen by the Clinical Director for follow-up. The Clinical Director gave you medical advice and recommended you continue your current medications. The medical department will continue to monitor your condition in Chronic Care Clinic.

Based on the above information, you were given appropriate medical care. If you feel there are significant changes in your condition, you may sign up for sick call for an evaluation.

Accordingly, your request for relief is denied. In the event you are not satisfied with this response and wish to appeal, you may do so within 20 calendar days of the date of this response by submitting a BP-230(13) to the Regional Director, Federal Bureau of Prisons, North Central Regional Office, 400 State Avenue, Tower II, Suite 800, Kansas City, Kansas 66101.


R. Werlinger, Warden

01-02-13

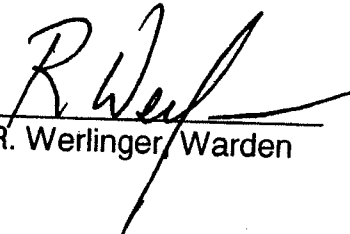
Date

Response to Request for Administrative Remedy
Log No.: 716865-F1

This is in response to your Request for Administrative Remedy, receipted on December 27, 2012, wherein you state the Supervisor of Recreation has refused to give you five photographs which were taken of you in the recreation department. You are requesting to receive these five photographs.

A review of this matter reveals you were refused the five photographs because you were in your bare feet. Prior to taking the photographs, you asked if pictures in your bare feet were permissible in recreation, and you were told by recreation staff that bare feet were not allowed.

Accordingly, your request for relief is denied. In the event you are not satisfied with this response and wish to appeal, you may do so within 20 calendar days of the date of this response by submitting a BP-230(13) to the Regional Director, Federal Bureau of Prisons, North Central Regional Office, 400 State Avenue, Tower II, Suite 800, Kansas City, Kansas 66101.



R. Werlinger, Warden

01-10-13

Date

U.S. Department of Justice
Federal Bureau of Prisons
North Central Regional Office

Regional Administrative Remedy Appeal
Part B - Response

Administrative Remedy Number: 715824-R1

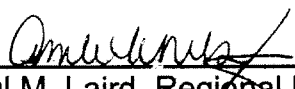
This is in response to your Regional Administrative Remedy Appeal received on January 14, 2013. You allege you fractured your ankle because of your blood pressure medication and have not received aftercare for your fractured ankle. You do not request specific relief.

We have reviewed the documentation related to your appeal. Based on this review, we concur with the manner in which the Warden addressed your concerns. You have consistently been provided timely and appropriate medical care in accordance with Program Statement 6031.01, Patient Care. A review of your medical record indicates your blood pressure medication was adjusted the month of June 2012. You experienced an episode of syncope on October 8, 2012. You were evaluated and complained of left ankle pain. An ACE wrap was applied and you were instructed to rest, ice your ankle, and elevate it. You were also provided crutches, and advised no weight bearing until the symptoms subsided. You were instructed to return to sick call if you did not show signs of improvement in a few days. You returned to sick call on October 18, 2012, and stated you continued to have pain and swelling in your ankle. An x-ray of your ankle revealed a lateral malleolus non-displaced fracture. You were placed into an orthoglass posterior splint, and advised to continue use of the crutches previously issued. You were seen by the Orthopedic specialist on November 27, 2012, who reviewed your x-rays and examined your foot. The specialist stated you were healing well and could begin weight bearing walking. You were advised no running, jumping, sports or weight lifting which would require use of the lower extremity for three additional weeks. There was no follow up indicated. Your blood pressure medication has been adjusted and medical staff will continue to monitor your blood pressure periodically and at Chronic Care Clinic. You are encouraged to continue your medication regime and make sick call if you feel there is a need for change in your medication to discuss it with your primary care provider. Given this, we shall defer diagnostic and treatment interventions to the local level.

Based on these findings, this response to your regional Administrative Remedy Appeal is for informational purposes only.

If you are dissatisfied with this response, you may appeal to the Office of General Counsel, Federal Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. Your appeal must be received in the Office of General Counsel within 30 days from the date of this response.

1-18-13
Date


Paul M. Laird, Regional Director

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: JAMUEL HAYWOOD MYLES DL212041 WOOD FBI OXFORD
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL

On and routine visit to medical Doctor Gupta would personally prescribed and second high blood pressure medication Lisinopril combine together Lisinopril & Lodipine. Inmate Myles blood pressure would drop to 89 over 55 on Oct 8, 2012 causing Inmate Myles to have and adverse reaction from both high blood pressure medication Lisinopril & Lodipine causing and medical overdose at that particular time Inmate Myles would become light headed before passing out Inmate Myles would have to be rush to medical immediately to seek emergency medical attention from and medical overdose of Lisinopril & Lodipine this it self would cause the Oxygen to shorten it's flow to the brain Inmate Myles would lose water or body fluids on abnormal depletion of body fluids in regard to Inmate Myles receiving medical attention Inmate Myles would have to receive and IV to hydrate Inmate Myles clone with end MKG also medical attention for his left ankle health service medical staff known and unknown would be negligence for medical overdose prison officials acted with deliberate indifference regard Inmate Myles this would be and... (NEAR-DEATH-EXPERIENCE)... the weight of my body would collapse on my left leg causing my ankle to break... FBI Oxford Warden Mr. Robert Werlinger would mock my condition

DATE

February 4, 2013

Samuel Haywood Myles

SIGNATURE OF REQUESTER

Part B—RESPONSE

RECEIVED

MAR 08 2013

 Administrative Remedy Section
 Federal Bureau of Prisons

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

Part C—RECEIPT

CASE NUMBER:

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

USP LVN


 BP-231(13)
 APRIL 1982

Administrative Remedy No. 715824-A3
Part B - Response

This is in response to your Central Office Administrative Remedy Appeal wherein you allege you are not receiving appropriate medical care and treatment for high blood pressure. In addition, you claim you had a near-death experience due to being overdosed with Lisinopril and Lodipine, which caused you to become dizzy and fall on October 8, 2012. You contend you should have been immediately transferred to a community hospital for intravenous fluids to prevent dehydration, to keep oxygen flowing to your brain, and for an electrocardiogram (also known as EKG or ECG). Lastly, you advise you did not receive immediate attention or follow up for a left ankle fracture received during this fall. You request no specific relief in your appeal.

We have reviewed documentation relevant to your appeal and, based on this information, concur with the manner in which the Warden and Regional Director responded to your concerns at the time of your Request for Administrative Remedy and subsequent appeal. Our review reveals you have a history of hypertension (high blood pressure) that dates back several years.

On October 4, 2012, your unit officer found several expired medications in your locker. Medical staff reviewed the medications with your prescription history and determined your hypertensive medications should be placed on pill line to monitor your compliance.

Further review indicates on October 8, 2012, just a few days after your medications were placed on pill line, you developed dizziness and became light-headed, falling on the floor and injuring your left ankle. When medical staff evaluated you, they found your blood pressure was low. Oxygen was administered, a normal saline infusion was administered intravenously and an EKG was performed. Additionally, the Clinical Director was consulted.

Records reflect your oxygen saturation levels were 100% on room air before you were discharged from Health Services to return to your housing unit. During this evaluation, you were also assessed for complaints of wrist, back and left ankle pain. You had left ankle pain with weight bearing, full range of motion, no definitive point tenderness, and good circulation to the

Administrative Remedy No. 715824-A3

Part B - Response

Page 2

toes. The Registered Nurse applied an ace wrap to your ankle and issued you crutches to allow you to ambulate in a non-weight bearing manner. She also instructed you to rest, apply ice, maintain compression (ace wrap), elevate your ankle, and to report to medical staff if your symptoms worsened or continued more than a few days. Moreover, on October 9, 2012, your prescriptions for Lisinopril and Triamterene/HCTZ were discontinued by the Clinical Director.

On October 18, 2012, you reported to medical staff that your ankle was swollen, discolored and still painful. You were instructed to remain non-weight bearing on the left ankle. X-rays of your left foot and ankle were ordered and were performed on the same day. The reports indicated non displaced fracture through the lateral malleolus (ankle). Accordingly, you were placed in an immobilizer splint for your left leg, continued non-weight bearing, and given a prescription for ibuprofen for pain. Medical staff also referred you to an orthopedic surgeon for further evaluation.

Your medical record indicates additional left ankle x-rays were performed on November 19, 2012, to monitor your progress. The report indicated, "Fracture of the left malleolus confirmed, in good alignment."

On November 21, 2012, medical staff followed-up about your blood pressure. It was determined that due to pill line compliance and no recent blood pressure problems, you could be allowed to self-carry your hypertensive medications (Amlidopine and aspirin) again.

The orthopedic surgeon evaluated you on November 27, 2012, and he noted your x-rays were consistent with an old ankle fracture. He diagnosed a left ankle fracture with medical ankle sprain and recommended removing the splint with weight-bearing activity as tolerated, discontinue the crutches when you could comfortably bear full weight (which should be just days), and to refrain from running and jumping activities, sports, and weight-lifting activities for an additional three weeks after beginning to bear weight. You were educated by the surgeon to expect swelling to come and go for several weeks or months, depending on your

• **Administrative Remedy No. 715824-A3**

Part B - Response

Page 3

activity levels. No further follow-up was recommended. Medical staff discussed the orthopedic surgeon's recommendations with you and removed your splint on November 28, 2012.

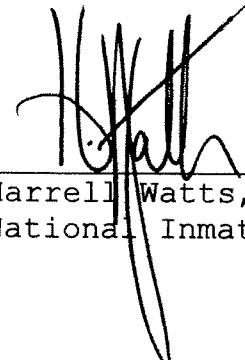
The Clinical Director reviewed your progress and discharged you from orthopedic care during a Chronic Care Clinic appointment on December 13, 2012.

During your most recent CCC appointment with a physician, your blood pressure was 133/86 mmHg. You reported no problems with medications and he noted you complained of frequent ankle pain and swelling. He reviewed your left ankle x-rays and examined you, finding normal range of motion and normal pulses. He concluded probable post traumatic arthropathy (disease of the joints) and recommended you take over-the-counter pain relievers as needed.

You have received appropriate and timely medical evaluation, treatment and follow-up for a syncopal episode and a left ankle injury on October 8, 2012, and the record reflects you have received medical care and treatment in accordance with evidence based standard of care and within the scope of services of the Federal Bureau of Prisons. You are encouraged to comply with proposed medical treatment so staff can continue to provide essential medical care and to utilize normal sick call procedures should your conditions worsen.

Based on the foregoing, this response is provided for informational purposes only.

 July 5, 2013
Date



Harrell Watts, Administrator
National Inmate Appeals

FCI OXFORD, WISCONSIN

DEPARTMENT HEAD DOCUMENTATION
ATTEMPT AT INFORMAL RESOLUTION

REMEDY ID # 734390-F1

Inmate's Name: MYLES, Samuel Reg. No.: 06212-041 Housing Unit: Wood

TO BE COMPLETED BY THE DEPARTMENT HEAD ASSIGNED A BP-09:

1. Briefly state the inmate's complaint and requested corrective actions.

Inmate requested after care treatment from the incident that happened October 8, 2013.

2. Document your efforts to resolve the matter to include policies reviewed. Note any reasons an informal resolution could not be achieved.

Inmate is scheduled to see the Clinical Director in Chronic Care Clinic in the very near future where he can address his concern.

[Handwritten mark]

Department Head Signature: _____

Date: _____

Department Head Name (Printed): _____

C. LOPEZ HSA

Inmate Signature/Register Number: _____

Samuel Myles appeal

If not informally resolved, forward this form with the BP-229 packet to the Administrative Remedy Coordinator/Clerk (Legal Office).

MIL-1330.13d

September 18, 2013

PAGE 7

Attachment B
FCI/FDC Milan Michigan

Department Head Documentation - Attempt at Informal Resolution
REMEDY # 753841-F1

Inmate's Name: MYLES, Samuel Haywood

Registration Number 06212-041 Housing B2

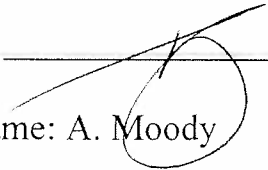
TO BE COMPLETED BY THE DEPARTMENT HEAD ASSIGNED A BP-09:

1. Briefly stated the inmate's complaint and requested corrective actions.

Inmate Myles claims his medical needs regarding his foot and ankle are not being addressed by medical staff.

2. Document your efforts to resolve the matter to include policies reviewed. Note any reasons an informal resolution could not be achieved.

Unable to informally resolve, medical concerns.

Department Head Signature:  Date: 10/17/13

Department Head Printed Name: A. Moody

If not informally resolved, forward this form with the BP-229 packet to the Administrative Remedy Coordinator.

RTN
10-13-13

ML-1330.16 d
September 18, 2012
PAGE 7

Attachment B/Part 1
FCLEDC Milan Michigan
Attempt at Informal Resolution

RB 10-13-13

REMEDY = 06212041 753841-F1

Inmate's Name: Samuel Haywood Myles

Registration Number: 06212041 Housing Unit: B-2

ATTEMPT AT INFORMAL RESOLUTION:

ShaeEv stated the complaint and requested corrective action

and e-mail was forwarded to Doctor Zesto, addressing my medical issue regarding my left foot and ankle and how my foot is swaying out to the left and having pain I would request and pair of Medical shoes Doctor Zesto would inform me that Doctor McLatinsky would have to approve the medical shoe I personally would forward Doctor McLatinsky and letter by way of U.S. Postal Service addressing my medical issue requesting and pair of medical shoes and a wrist brace for my right wrist I haven't receive a response

Document your efforts to resolve the matter. Include steps that were taken. If the reasons an informal resolution could not be achieved.

I explained to inmate Myles he would get a medical response and I thought it would be a trained medical professional to determine if he need special shoes.

Inmate Signature: Samuel Haywood Myles Date: October 13, 2012

Inmate Printed Name: Samuel Haywood Myles

Unit Counselor Signature: Byzel Brown Date: 10-13-13

Unit Counselor Printed Name: BYZEL BROWN

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: MYLES SAMUEL HAYWOOD 02212041 B-2 F.C.I. MILAN
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST and e-mail was forward to Doctor Zest to address my medical issue regarding my left foot and ankle and how my foot is swinging out to the left and having pain I would request and pair of medical shoes Doctor Zestor would inform me that Doctor Malatinsky would have to approve the medical shoes I personally would forward Doctor Malatinsky and letter by way of U.S. Postal Service addressing my medical issue regarding and pair of medical shoes at this particular time I'm having pain (or) sorest across my foot and from ankle to ankle on the out side of my left ankle's with pain running up and down my calf just some several inches up pass my ankle's also my walking has become alter also I'm walking with end slight limp at this particular time I'm requesting and pair of medical shoe and foot pants to soak my foot as well as to and kneec for my right wrist.

Thank You And Thank You For Your Time!

October 13, 2012

DATE

Samuel Haywood Myles

SIGNATURE OF REQUESTER

Part B- RESPONSE

ADMIN. REMEDY

OCT 18 2012

LEGAL OFFICE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 753841-F1

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



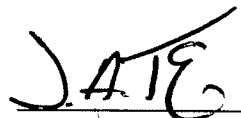
BP-229 RESPONSE

CASE NUMBER: 753841-F1

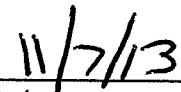
Your Request for Administrative Remedy (BP-229), dated October 13, 2013, and received in this office on October 18, 2013, has been reviewed. Specifically, you are requesting to receive a foot pan to soak your feet, medical shoes for foot pain and a brace for your right wrist.

A review of the issue(s) raised in your BP-229 has been conducted. According to your medical records, you were evaluated by the Clinical Director on September 5, 2013. During that visit you requested to receive a brace for your right wrist but did not request medical shoes or a pan to soak your feet. You were told that a brace was not medically indicated for your wrist. An appointment has been made for you with the Clinical Director to discuss the need for medical shoes and a pan to soak your feet. Should your condition change significantly, you are encouraged to attend sick call to be further evaluated.

Accordingly, your Request for Administrative Remedy is denied. In the event you are not satisfied with this response and wish to appeal, you may do so within 20 calendar days of the date of this response by submitting a BP-230(13) to the Regional Director, Federal Bureau of Prisons, North Central Regional Office, Gateway Complex Tower II, 8th Floor, 400 State Avenue, Kansas City, Kansas 66101-2492.



J. A. Terris, Warden



Date

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

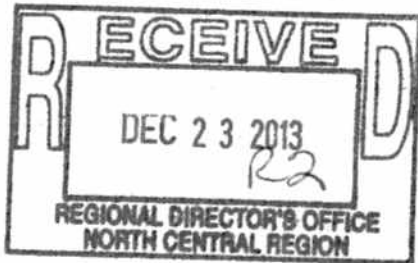
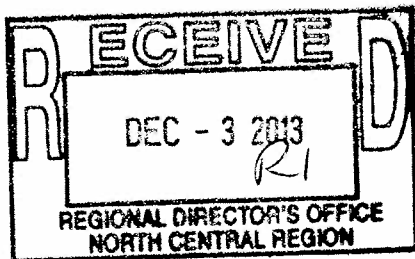
From: MYLES SAMUEL HAYWOOD 06212041 B-2 FCTL MILAN
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL On and about October 8, 2012 after some several day's of being require (or) schedule for the institution morning pill line upon returning back to the housing unit I would become light headed unaware that from end combination of medication that I was having and medical-overdose from this (adverse-reaction) causing my blood pressure to drop causing me to collapse my body weight would shift to the left side of my body causing my left ankle to break on both sides after the finding from some several X-Ray's Institution Medical Staff Doctor Mr. King and the Institution Medical Staff Registered Nurse Mr. Brad Malcolm would review all three sets of X-Ray's this particular evaluation or examine would take place on and about October 18, 2012 at that particular time Doctor King would personally recommend that Registered Nurse Mr. Malcolm to results verbal order to place me in end orthogloss posterior splint, and retain crutches, no weight bearing for continued pain and swelling has been using crutches since injury!

November 23, 2013
DATE

Samuel Haywood Myles
SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

REGIONAL DIRECTOR

CASE NUMBER: 753841-R

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL



**U. S. Department of Justice
Federal Bureau of Prisons
North Central Regional Office**

**Regional Administrative Remedy Appeal
Part B - Response**

Administrative Remedy Number: 753841-R2

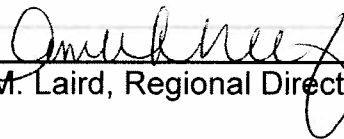
This is in response to your Regional Administrative Remedy Appeal received on December 23, 2013. You allege you have been denied a prescription for a wrist brace. For relief, you want a prescription for a wrist brace.

We have reviewed the documentation related to your appeal. Based on this review, we concur with the manner in which the Warden addressed your concerns. You have consistently been provided timely and appropriate medical care in accordance with Program Statement 6031.03, Patient Care. A review of your electronic medical record indicates you were evaluated in the Chronic Care Clinic, by the Clinical Director on September 5, 2013. At that time, the provider indicated that based on your current clinical presentation, issuance of a wrist brace was not deemed medically appropriate. Furthermore, on December 5, 2013, you were evaluated in Health Services and you had no complaints regarding your wrist. The Health Services Department will continue to monitor your medical needs. If your condition worsens, you may sign up for sick call and be re-evaluated. Given this, we shall defer diagnostic and treatment interventions to the Health Services staff at the local level.

Based on these findings, this response to your Regional Administrative Remedy Appeal is for informational purposes only.

If you are dissatisfied with this response, you may appeal to the Office of General Counsel, Federal Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. Your appeal must be received in the Office of General Counsel within 30 days from the date of this response.

1-7-14
Date


Paul M. Laird, Regional Director



**U.S. Department of Justice
Federal Bureau of Prisons**

North Central Regional Office

Office of Regional Counsel

400 State Avenue
Tower II, Suite 800
Kansas City, KS 66101

APR 16 2014

Samuel Myles
Register No. 06212-041
FCI Milan
P.O. Box 1000
Milan, MI 48160

Re: Administrative Claim Number TRT-NCR-2014-01223
Personal Injury: \$3,000,000.00

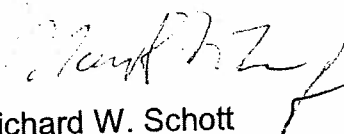
CERTIFIED NUMBER 7013 1710 0002 3407 2927

Dear Mr. Myles:

Your above referenced tort claim has been considered for administrative review pursuant to 28 C.F.R. § 0.172, Authority: Federal Tort Claims and 28 C.F.R. Part 14, Administrative Claims Under Federal Tort Claims Act. Investigation of your claim did not reveal you suffered any personal injury as a result of the negligent acts or omissions of Bureau of Prisons employees acting within the scope of their employment.

As a result of this investigation, your claim is denied. This memorandum serves as a notification of final denial under 28 C.F.R. § 14.9, Final Denial of Claim. If you are dissatisfied with our agency's action, you may file suit in an appropriate U.S. District Court no later than six months after the date of mailing of this notification.

Sincerely,


Richard W. Schott
Regional Counsel

BP-A0148

JUNE 10

INMATE REQUEST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) HEALTH SERVICES <i>Medical Records</i>	DATE: <i>9 4 2013</i>
FROM: <i>SAMUEL HAWOOD AMILES</i>	REGISTER NO.: <i>02812041 06212-041</i>
WORK ASSIGNMENT: <i>UNASSIGN</i>	UNIT: <i>WEST UNIT IN HOLDOVER</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

Request for and to Federal Detention Center Health Services at this particular time I'm requesting and copy of my Medical Duty Status that was issue on and about June 5, 2013 by Medical Staff at Federal Correctional Institution Oxford stating Housing Status lower bunk, Soft Shoe Permit, Wrist Brace and Back Brace

Thank You!

(Do not write below this line)

DISPOSITION:

Doctor Malatinsky reviewed your medical duty status and has determined a change. Please make a sick call appointment if you feel you require the change

Signature Staff Member

Date

*M. MRT**9-24-13*

Record Copy - File; Copy - Inmate

PDF

MAUREEN CIESINSKI, MRT Prescribed by P5511
FCI MILAN

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-3148.055

INMATE REQUEST TO STAFF CORRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical Staff Malatinsky</i>	DATE: <i>October 26, 2013</i>
FROM: <i>Samuel Haywood Myles</i>	REGISTER NO.: <i>06212041</i>
WORK ASSIGNMENT: <i>Unsign</i>	UNIT: <i>B-2</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

and e-mail would be forward to you personally on and about October 21, 2013 requesting Medical assistance for my left ankle also requesting a pair of Medical Shoes and Wrist Brace in end response from you personally on and about October 22, 2013 end - which you stated that if you need immediate care please sign up for sick call on and about October 23, 2013 I come to sick call I need Medical assistance Thank You!

(Do not write below this line)

DISPOSITION:

ML Myles,

WE CAN ADDRESS YOUR ISSUES AT YOUR NEXT APPOINTMENT WITH ME

W. Malatinsky, MD
Clinical Director
FCI/FDC Milan

Signature: Staff Member

Date

NOV 13 2013

Record Copy - File; Copy - Inmate
(This form may be replicated via MPI)

This form replaces BP-148.070 dated Oct '96
and BP-3148.070 APR '98

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: OXF--OXFORD FCI	Begin Date: 09/01/2012	End Date: 05/17/2013
Inmate: MYLES, SAMUEL HAYWOOD	Reg #: 06212-041	Quarter: W05-021L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

amLODIPine 10 MG TAB

Take one tablet by mouth each day to control blood pressure

Rx#: 24240-OXF **Doctor:** Gupta, R. MD/CD
Start: 06/27/12 **Exp:** 12/24/12 **D/C:** 10/04/12 **Pharmacy Dispensings:** 90 TAB in 324 days

amLODIPine 10 MG TAB

Take one tablet by mouth at the 0630 ***pill line*** to control blood pressure

Rx#: 25343-OXF **Doctor:** Gupta, R. MD/CD
Start: 10/04/12 **Exp:** 04/02/13 **D/C:** 11/21/12 **Pharmacy Dispensings:** 30 TAB in 225 days

amLODIPine 10 MG TAB

Take one tablet by mouth each morning to control blood pressure

Rx#: 25896-OXF **Doctor:** Ritter, C. PA-C
Start: 11/21/12 **Exp:** 01/20/13 **D/C:** 12/17/12 **Pharmacy Dispensings:** 30 TAB in 177 days

amLODIPine 10 MG TAB

Take one tablet by mouth each morning to control blood pressure

Rx#: 26135-OXF **Doctor:** Gupta, R. MD/CD
Start: 12/17/12 **Exp:** 06/15/13 **Pharmacy Dispensings:** 150 TAB in 151 days

Aspirin 81 MG EC Tab

Take one tablet by mouth each day for heart

Rx#: 24241-OXF **Doctor:** Gupta, R. MD/CD
Start: 06/27/12 **Exp:** 12/24/12 **D/C:** 10/04/12 **Pharmacy Dispensings:** 90 TAB in 324 days

Aspirin 81 MG EC Tab

Take one tablet by mouth at the 0630 ***pill line*** for heart

Rx#: 25344-OXF **Doctor:** Gupta, R. MD/CD
Start: 10/04/12 **Exp:** 04/02/13 **D/C:** 11/21/12 **Pharmacy Dispensings:** 30 TAB in 225 days

Aspirin 81 MG EC Tab

Take one tablet by mouth each morning to help protect heart.

Rx#: 25897-OXF **Doctor:** Ritter, C. PA-C
Start: 11/21/12 **Exp:** 01/20/13 **D/C:** 12/17/12 **Pharmacy Dispensings:** 30 TAB in 177 days

Complex: OXF--OXFORD FCI	Begin Date: 09/01/2012	End Date: 05/17/2013
Inmate: MYLES, SAMUEL HAYWOOD	Reg #: 06212-041	Quarter: W05-021L

Active Prescriptions

Aspirin 81 MG EC Tab

Take one tablet by mouth each morning to help protect heart.

Rx#: 26136-OXF **Doctor:** Gupta, R. MD/CD**Start:** 12/17/12 **Exp:** 06/15/13**Pharmacy Dispensings:** 150 TAB in 151 days

Ibuprofen 800 MG Tab

Take one tablet by mouth three times daily with food as needed for 7 days (started via pyxis)

Rx#: 25574-OXF **Doctor:** Gupta, R. MD/CD**Start:** 10/18/12 **Exp:** 10/25/12**Pharmacy Dispensings:** 12 TAB in 211 days

Lisinopril 20 MG Tab

Take one tablet by mouth each day to control blood pressure

Rx#: 24242-OXF **Doctor:** Gupta, R. MD/CD**Start:** 06/27/12 **Exp:** 12/24/12 **D/C:** 10/04/12**Pharmacy Dispensings:** 90 TAB in 324 days

Lisinopril 20 MG Tab

Take one tablet by mouth at the 0630 ***pill line*** to control blood pressure

Rx#: 25345-OXF **Doctor:** Gupta, R. MD/CD**Start:** 10/04/12 **Exp:** 04/02/13 **D/C:** 10/11/12**Pharmacy Dispensings:** 30 TAB in 225 days

Triamterene/ HCTZ 75 MG/50 MG Tab

Take one-half (1/2) tablet by mouth each day to control blood pressure

Rx#: 24243-OXF **Doctor:** Gupta, R. MD/CD**Start:** 06/27/12 **Exp:** 12/24/12 **D/C:** 10/04/12**Pharmacy Dispensings:** 45 TAB in 324 days

Triamterene/ HCTZ 75 MG/50 MG Tab

Take one-half (1/2) tablet by mouth at the 0630 ***pill line*** to control blood pressure

Rx#: 25346-OXF **Doctor:** Gupta, R. MD/CD**Start:** 10/04/12 **Exp:** 04/02/13 **D/C:** 10/11/12**Pharmacy Dispensings:** 15 TAB in 225 days

**Bureau of Prisons
Health Services
Vitals All**

Begin Date: 09/01/2012

End Date: 05/17/2013

Reg #: 06212-041

Inmate Name: MYLES, SAMUEL HAYWOOD

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
12/13/2012	09:30 OXF	98.6	37.0	Oral	Gupta, R. MD/CD
Orig Entered: 12/14/2012 09:49 EST Gupta, R. MD/CD					

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
12/25/2012	11:55 OXF	68	Via Machine		Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC					
12/25/2012	11:52 OXF	58			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC					
12/25/2012	11:49 OXF	66			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC					
12/25/2012	11:45 OXF	60			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC					
12/13/2012	09:30 OXF	76	Via Machine	Regular	Gupta, R. MD/CD
Orig Entered: 12/14/2012 09:49 EST Gupta, R. MD/CD					
11/28/2012	08:47 OXF	73	Via Machine		Ritter, C. PA-C
Orig Entered: 11/28/2012 09:49 EST Ritter, C. PA-C					
10/08/2012	11:55 OXF	68			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	11:52 OXF	58			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	11:49 OXF	62			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	11:45 OXF	56			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	11:40 OXF	56			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	11:36 OXF	58			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	11:26 OXF	54			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	11:26 OXF	56			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	11:15 OXF	54			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	11:15 OXF	54	Via Machine		Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	11:05 OXF	50			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC					
10/08/2012	10:56 OXF	54			Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC					

Begin Date: 09/01/2012

End Date: 05/17/2013

Reg #: 06212-041

Inmate Name: MYLES, SAMUEL HAYWOOD

Date	Time	Rate Per Minute	Location	Rhythm	Provider
10/08/2012	10:55 OXF	52			Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC		
10/08/2012	10:53 OXF	52			Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC		
10/08/2012	10:53 OXF	54			Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC		
10/08/2012	10:44 OXF	52			Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC		
10/08/2012	10:44 OXF	52			Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC		
10/08/2012	10:41 OXF	52			Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC		
10/08/2012	10:41 OXF	50			Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC		
10/08/2012	10:34 OXF	50			Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC		
10/08/2012	10:33 OXF	50			Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC		
10/08/2012	10:30 OXF	48			Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC		
10/08/2012	10:30 OXF	48	Via Machine		Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC		

Respirations:

Date	Time	Rate Per Minute	Provider
12/25/2012	11:55 OXF	20	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC
12/25/2012	11:52 OXF	20	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC
12/25/2012	11:49 OXF	20	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC
12/25/2012	11:45 OXF	16	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC
12/13/2012	09:30 OXF	16	Gupta, R. MD/CD
	Orig Entered:	12/14/2012 09:49 EST	Gupta, R. MD/CD
10/08/2012	11:55 OXF	16	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC
10/08/2012	11:52 OXF	16	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC
10/08/2012	11:49 OXF	20	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC
10/08/2012	11:45 OXF	20	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC
10/08/2012	11:40 OXF	20	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC
10/08/2012	11:36 OXF	16	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC
10/08/2012	11:26 OXF	20	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC

Begin Date: 09/01/2012

End Date: 05/17/2013

Reg #: 06212-041

Inmate Name: MYLES, SAMUEL HAYWOOD

Date	Time	Rate Per Minute	Provider
10/08/2012	11:26 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	11:15 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	11:15 OXF	16	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	11:05 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:56 OXF	16	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:55 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:53 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:53 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:44 OXF	18	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:44 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:41 OXF	22	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:41 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:34 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:33 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:30 OXF	20	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:30 OXF	24	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC			

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
12/25/2012	11:55 OXF	118/80	Right Arm	Sitting	Adult-regular	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC						
12/25/2012	11:52 OXF	121/75		Sitting	Adult-regular	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC						
12/25/2012	11:49 OXF	120/76		Lying		Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC						
12/25/2012	11:45 OXF	117/76				Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC						
12/13/2012	09:30 OXF	129/86	Left Arm	Sitting	Adult-regular	Gupta, R. MD/CD
Orig Entered: 12/14/2012 09:49 EST Gupta, R. MD/CD						
12/13/2012	09:30 OXF	135/88	Right Arm	Sitting	Adult-regular	Gupta, R. MD/CD
Orig Entered: 12/14/2012 09:49 EST Gupta, R. MD/CD						
11/28/2012	08:47 OXF	128/76	Left Arm	Sitting	Adult-large	Ritter, C. PA-C
Orig Entered: 11/28/2012 09:49 EST Ritter, C. PA-C						

Begin Date: 09/01/2012

End Date: 05/17/2013

Reg #: 06212-041

Inmate Name: MYLES, SAMUEL HAYWOOD

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
10/18/2012	10:00	OXF 127/87				Malcolm, Brad RN/IOP/IDC
p-70						
Orig Entered: 10/18/2012 11:02 EST Malcolm, Brad RN/IOP/IDC						
10/16/2012	19:39	OXF 134/79	Left Arm	Sitting	Adult-large	Cole, Jan RN
Orig Entered: 10/16/2012 20:41 EST Cole, Jan RN						
10/15/2012	07:48	OXF 122/79	Left Arm	Sitting		Malcolm, Brad RN/IOP/IDC
p-82						
Orig Entered: 10/15/2012 08:49 EST Malcolm, Brad RN/IOP/IDC						
10/14/2012	18:02	OXF 135/87	Left Arm	Sitting	Adult-large	Cole, Jan RN
PULSE-66						
Orig Entered: 10/14/2012 19:03 EST Cole, Jan RN						
10/13/2012	10:34	OXF 132/85	Left Arm	Sitting	Adult-large	Cole, Jan RN
pulse-75						
Orig Entered: 10/13/2012 11:36 EST Cole, Jan RN						
10/12/2012	17:22	OXF 133/89				Malcolm, Brad RN/IOP/IDC
p-68						
Orig Entered: 10/12/2012 18:23 EST Malcolm, Brad RN/IOP/IDC						
10/11/2012	17:30	OXF 128/84				Malcolm, Brad RN/IOP/IDC
Orig Entered: 10/12/2012 12:36 EST Malcolm, Brad RN/IOP/IDC						
10/10/2012	11:27	OXF 126/82				Malcolm, Brad RN/IOP/IDC
p-70						
Orig Entered: 10/12/2012 12:36 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	18:35	OXF 119/76	Left Arm	Sitting	Adult-large	Cole, Jan RN
Pulse-85. States he's feeling alot better then he did this morning. Ankle is painful.						
Orig Entered: 10/08/2012 19:37 EST Cole, Jan RN						
10/08/2012	11:55	OXF 114/79		Sitting		Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	11:52	OXF 121/75		Sitting		Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	11:49	OXF 128/76				Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	11:45	OXF 117/76				Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	11:40	OXF 106/75				Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	11:36	OXF 106/75		Lying		Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	11:26	OXF 120/73				Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	11:26	OXF 120/73				Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	11:15	OXF 106/68				Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	11:15	OXF 106/68		Lying	Adult-regular	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	11:05	OXF 101/64				Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC						
10/08/2012	10:56	OXF 93/62				Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC						

Begin Date: 09/01/2012

End Date: 05/17/2013

Reg #: 06212-041

Inmate Name: MYLES, SAMUEL HAYWOOD

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
10/08/2012	10:55 OXF	93/62				Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:53 OXF	96/62				Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:53 OXF	96/62				Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:44 OXF	96/66				Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:44 OXF	96/66		Lying		Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:41 OXF	101/62				Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:41 OXF	101/62				Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:34 OXF	93/57				Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:33 OXF	93/57				Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:30 OXF	89/55		Lying		Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC			
10/08/2012	10:30 OXF	89/55	Right Arm	Lying	Adult-regular	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC			

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
12/25/2012	11:55 OXF	98	Room Air	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC	
12/25/2012	11:52 OXF	99	Room Air	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC	
12/25/2012	11:49 OXF	100	Oxygen 3 L	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC	
12/13/2012	09:30 OXF	98		Gupta, R. MD/CD
	Orig Entered:	12/14/2012 09:49 EST	Gupta, R. MD/CD	
10/08/2012	11:55 OXF	99		Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC	
10/08/2012	11:52 OXF	99	Oxygen 3 L	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC	
10/08/2012	11:49 OXF	100		Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC	
10/08/2012	11:45 OXF	100		Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC	
10/08/2012	11:40 OXF	100		Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC	
10/08/2012	11:26 OXF	100	Oxygen 3 L	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC	
10/08/2012	11:15 OXF	100		Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/24/2012 19:17 EST	Malcolm, Brad RN/IOP/IDC	
10/08/2012	11:15 OXF	100	Oxygen 3 L	Malcolm, Brad RN/IOP/IDC
	Orig Entered:	12/25/2012 19:56 EST	Malcolm, Brad RN/IOP/IDC	

Begin Date: 09/01/2012

End Date: 05/17/2013

Reg #: 06212-041

Inmate Name: MYLES, SAMUEL HAYWOOD

Date	Time	Value(%)	Air	Provider
10/08/2012	10:53 OXF	100		Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC				
10/08/2012	10:53 OXF	100	Oxygen 3 L	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC				
10/08/2012	10:44 OXF	100		Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC				
10/08/2012	10:41 OXF	100		Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC				
10/08/2012	10:34 OXF	100	Oxygen 3 L	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC				
10/08/2012	10:30 OXF	100	Room Air	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/24/2012 19:17 EST Malcolm, Brad RN/IOP/IDC				
10/08/2012	10:30 OXF	100	Room Air	Malcolm, Brad RN/IOP/IDC
Orig Entered: 12/25/2012 19:56 EST Malcolm, Brad RN/IOP/IDC				

Height:

Date	Time	Inches	Cm	Provider
12/13/2012	09:30 OXF	71.0	180.3	Gupta, R. MD/CD
Orig Entered: 12/14/2012 09:49 EST Gupta, R. MD/CD				

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
12/13/2012	09:30 OXF	164.0	74.4		Gupta, R. MD/CD
Orig Entered: 12/14/2012 09:49 EST Gupta, R. MD/CD					

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	MYLES, SAMUEL HAYWOOD	Reg #:	06212-041
Date of Birth:	/1956	Sex:	M Race: BLACK
Note Date:	09/07/2012 09:30	Provider:	Griese, Amy HIT
		Facility:	OXF
		Unit:	W05

Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Griese, Amy HIT

Released 13 copies to inmate: all radiology and EKG reports (paper file); lab reports 08/30/04-05/10/07 (paper file).

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Griese, Amy HIT on 09/07/2012 09:46

Bureau of Prisons**Health Services****Clinical Encounter**

Inmate Name: MYLES, SAMUEL HAYWOOD

Date of Birth: 1956

Encounter Date: 10/08/2012 10:20

Sex: M Race: BLACK

Provider: Malcom, Brad RN

Reg #: 06212-041

Facility: OXF

Unit: W05

Emergency encounter performed at Housing Unit.

SUBJECTIVE:**INJURY 1** Provider: Malcom, Brad RN**Date of Injury:** 10/08/2012 10:20**Date Reported for Treatment:** 10/08/2012 10:28**Work Related:** No**Work Assignment:** ORD WD PM**Pain Location:** Ankle-Left**Pain Scale:** 4**Pain Qualities:** Aching | Radiating**Where Did Injury Happen (Be specific as to location):**

Wood Unit common area near cloths washer and dryer.

Cause of Injury (Inmate's Statement of how injury occurred):

I have been getting dizzy off and on since taking the meds on pill line.

Symptoms (as reported by inmate):

Dizziness, left ankle discomfort.

OBJECTIVE:**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
12/25/2012	11:55 OXF	68	Via Machine		Malcom, Brad RN
12/25/2012	11:52 OXF	58			Malcom, Brad RN
12/25/2012	11:49 OXF	66			Malcom, Brad RN
12/25/2012	11:45 OXF	60			Malcom, Brad RN
10/08/2012	11:55 OXF	68			Malcom, Brad RN
10/08/2012	11:52 OXF	58			Malcom, Brad RN
10/08/2012	11:49 OXF	62			Malcom, Brad RN
10/08/2012	11:45 OXF	56			Malcom, Brad RN
10/08/2012	11:40 OXF	56			Malcom, Brad RN
10/08/2012	11:36 OXF	58			Malcom, Brad RN
10/08/2012	11:26 OXF	54			Malcom, Brad RN
10/08/2012	11:26 OXF	56			Malcom, Brad RN
10/08/2012	11:15 OXF	54	Via Machine		Malcom, Brad RN
10/08/2012	11:15 OXF	54			Malcom, Brad RN
10/08/2012	11:05 OXF	50			Malcom, Brad RN
10/08/2012	10:56 OXF	54			Malcom, Brad RN
10/08/2012	10:55 OXF	52			Malcom, Brad RN
10/08/2012	10:53 OXF	52			Malcom, Brad RN
10/08/2012	10:53 OXF	54			Malcom, Brad RN

Inmate Name: MYLES, SAMUEL HAYWOOD

Reg #: 06212-041

Date of Birth: 1956

Sex: M Race: BLACK

Facility: OXF

Encounter Date: 10/08/2012 10:20

Provider: Malcom, Brad RN

Unit: W05

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
10/08/2012	10:44 OXF	52			Malcom, Brad RN
10/08/2012	10:44 OXF	52			Malcom, Brad RN
10/08/2012	10:41 OXF	52			Malcom, Brad RN
10/08/2012	10:41 OXF	50			Malcom, Brad RN
10/08/2012	10:34 OXF	50			Malcom, Brad RN
10/08/2012	10:33 OXF	50			Malcom, Brad RN
10/08/2012	10:30 OXF	48	Via Machine		Malcom, Brad RN
10/08/2012	10:30 OXF	48			Malcom, Brad RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
12/25/2012	11:55 OXF	20	Malcom, Brad RN
12/25/2012	11:52 OXF	20	Malcom, Brad RN
12/25/2012	11:49 OXF	20	Malcom, Brad RN
12/25/2012	11:45 OXF	16	Malcom, Brad RN
10/08/2012	11:55 OXF	16	Malcom, Brad RN
10/08/2012	11:52 OXF	16	Malcom, Brad RN
10/08/2012	11:49 OXF	20	Malcom, Brad RN
10/08/2012	11:45 OXF	20	Malcom, Brad RN
10/08/2012	11:40 OXF	20	Malcom, Brad RN
10/08/2012	11:36 OXF	16	Malcom, Brad RN
10/08/2012	11:26 OXF	20	Malcom, Brad RN
10/08/2012	11:26 OXF	20	Malcom, Brad RN
10/08/2012	11:15 OXF	20	Malcom, Brad RN
10/08/2012	11:15 OXF	16	Malcom, Brad RN
10/08/2012	11:05 OXF	20	Malcom, Brad RN
10/08/2012	10:56 OXF	16	Malcom, Brad RN
10/08/2012	10:55 OXF	20	Malcom, Brad RN
10/08/2012	10:53 OXF	20	Malcom, Brad RN
10/08/2012	10:53 OXF	20	Malcom, Brad RN
10/08/2012	10:44 OXF	18	Malcom, Brad RN
10/08/2012	10:44 OXF	20	Malcom, Brad RN
10/08/2012	10:41 OXF	22	Malcom, Brad RN
10/08/2012	10:41 OXF	20	Malcom, Brad RN
10/08/2012	10:34 OXF	20	Malcom, Brad RN
10/08/2012	10:33 OXF	20	Malcom, Brad RN
10/08/2012	10:30 OXF	20	Malcom, Brad RN
10/08/2012	10:30 OXF	24	Malcom, Brad RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
12/25/2012	11:55 OXF	118/80	Right Arm	Sitting	Adult-regular	Malcom, Brad RN
12/25/2012	11:52 OXF	121/75		Sitting	Adult-regular	Malcom, Brad RN
12/25/2012	11:49 OXF	120/76		Lying		Malcom, Brad RN

Inmate Name: MYLES, SAMUEL HAYWOOD

Reg #: 06212-041

Date of Birth: 1956

Sex: M Race: BLACK

Facility: OXF

Encounter Date: 10/08/2012 10:20

Provider: Malcom, Brad RN

Unit: W05

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
12/25/2012	11:45 OXF	117/76				Malcom, Brad RN
10/08/2012	11:55 OXF	114/79		Sitting		Malcom, Brad RN
10/08/2012	11:52 OXF	121/75		Sitting		Malcom, Brad RN
10/08/2012	11:49 OXF	128/76				Malcom, Brad RN
10/08/2012	11:45 OXF	117/76				Malcom, Brad RN
10/08/2012	11:40 OXF	106/75				Malcom, Brad RN
10/08/2012	11:36 OXF	106/75		Lying		Malcom, Brad RN
10/08/2012	11:26 OXF	120/73				Malcom, Brad RN
10/08/2012	11:26 OXF	120/73				Malcom, Brad RN
10/08/2012	11:15 OXF	106/68		Lying	Adult-regular	Malcom, Brad RN
10/08/2012	11:15 OXF	106/68				Malcom, Brad RN
10/08/2012	11:05 OXF	101/64				Malcom, Brad RN
10/08/2012	10:56 OXF	93/62				Malcom, Brad RN
10/08/2012	10:55 OXF	93/62				Malcom, Brad RN
10/08/2012	10:53 OXF	96/62				Malcom, Brad RN
10/08/2012	10:53 OXF	96/62				Malcom, Brad RN
10/08/2012	10:44 OXF	96/66		Lying		Malcom, Brad RN
10/08/2012	10:44 OXF	96/66				Malcom, Brad RN
10/08/2012	10:41 OXF	101/62				Malcom, Brad RN
10/08/2012	10:41 OXF	101/62				Malcom, Brad RN
10/08/2012	10:34 OXF	93/57				Malcom, Brad RN
10/08/2012	10:33 OXF	93/57				Malcom, Brad RN
10/08/2012	10:30 OXF	89/55	Right Arm	Lying	Adult-regular	Malcom, Brad RN
10/08/2012	10:30 OXF	89/55		Lying		Malcom, Brad RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
12/25/2012	11:55 OXF	98	Room Air	Malcom, Brad RN
12/25/2012	11:52 OXF	99	Room Air	Malcom, Brad RN
12/25/2012	11:49 OXF	100	Oxygen 3 L	Malcom, Brad RN
10/08/2012	11:55 OXF	99		Malcom, Brad RN
10/08/2012	11:52 OXF	99	Oxygen 3 L	Malcom, Brad RN
10/08/2012	11:49 OXF	100		Malcom, Brad RN
10/08/2012	11:45 OXF	100		Malcom, Brad RN
10/08/2012	11:40 OXF	100		Malcom, Brad RN
10/08/2012	11:26 OXF	100	Oxygen 3 L	Malcom, Brad RN
10/08/2012	11:15 OXF	100	Oxygen 3 L	Malcom, Brad RN
10/08/2012	11:15 OXF	100		Malcom, Brad RN
10/08/2012	10:53 OXF	100	Oxygen 3 L	Malcom, Brad RN
10/08/2012	10:53 OXF	100		Malcom, Brad RN
10/08/2012	10:44 OXF	100		Malcom, Brad RN
10/08/2012	10:41 OXF	100		Malcom, Brad RN
10/08/2012	10:34 OXF	100	Oxygen 3 L	Malcom, Brad RN
10/08/2012	10:30 OXF	100	Room Air	Malcom, Brad RN

Inmate Name: MYLES, SAMUEL HAYWOOD

Reg #: 06212-041

Date of Birth: 1956

Sex: M Race: BLACK

Facility: OXF

Encounter Date: 10/08/2012 10:20

Provider: Malcom, Brad RN

Unit: W05

Date	Time	Value(%)	Air	Provider
10/08/2012	10:30 OXF	100	Room Air	Malcom, Brad RN

Exam:**General****Affect**

Yes: Pleasant, Cooperative

Appearance

Yes: Alert and Oriented x 3, Pale

No: Appears in Pain, Cyanotic, Diaphoretic

Skin**General**

Yes: Skin Intact, Clammy

No: Dry, Diaphoretic

Head**General**

Yes: Symmetry of Motor Function

No: Fluid/Blood from Ears, Fluid/Blood From Nose, Trauma

Eyes**General**

Yes: PERRLA, Extraocular Movements Intact

Periorbital/Orbital/Lids

Yes: Normal Appearing

No: Edema/Swelling

Conjunctiva and Sclera

Yes: Normal Appearing

No: Discharge, Trauma

Ears**External Ear**

Yes: Normal

No: Trauma

Nose**General**

No: Deformity

Mouth**General**

No: Difficulty Swallowing

Able to speak in full sentences without difficulty.

Neck**General**

Yes: Trachea Midline

No: Trauma

Musculoskeletal

Yes: Full ROM

No: Tenderness, Trauma

Pulmonary**Observation/Inspection**

Yes: Normal

No: Respiratory Distress, Splinting, Retractions, Nasal Flaring

Inmate Name: MYLES, SAMUEL HAYWOOD

Date of Birth: 1956

Sex: M Race: BLACK

Encounter Date: 10/08/2012 10:20

Provider: Malcom, Brad RN

Reg #: 06212-041

Facility: OXF

Unit: W05

Exam:**Thorax**

Yes: Normal Thoracic Expansion, Normal Diaphragmatic Excursion

No: Trauma

Auscultation

Yes: Clear to Auscultation

Cardiovascular**Observation**

Yes: Normal Rate, Bradycardia

No: Cardiopulmonary Distress, Painful Distress

Auscultation

Yes: Normal S1 and S2

Initial bradycardia with occasional, unifocal PVCs. Returned to NSR with no ectopy after 1000ml 0.9% NS fluid infusion.

Musculoskeletal**Wrist/Hand/Fingers**

Yes: Full Range of Motion R, Non-Tender on Palpation R, Normal Bony Landmarks R, Neurovascular Intact R, Tenderness R

Spine-Lumbar

Yes: Full Range of Motion R, Symmetric R, Neurovascular Intact R

No: Non-tender on Palpation R, Step Offs R, Muscle Spasm R, Swelling R

Ankle/Foot/Toes

Yes: Full Range of Motion L, Normal Bony Landmarks L, Neurovascular Intact L, Tenderness L

No: Non-tender on Palpation L, Edema L, Swelling L, Abrasion(s) L, Contusion(s) L, Hematoma L

Right wrist has some slight discomfort with ROM. No bony abnormalities seen or felt. No swelling. Skin intact.

Right lower back also has some slight discomfort with ROM. No trauma seen.

Left ankle pain with weight bearing. Has full ROM. Increased pain with ROM to lateral aspect. No definitive point tenderness, however some radiation up calf muscle. Good CMS to toes. Applied ACE wrap to left ankle with instructions for RICE therapy. Provided crutches with instructions on use and advised no weight bearing on left foot/ankle until symptoms resolve.

ASSESSMENT:

Other

Near syncope episode.

Called for a medical emergency in Wood unit common area for any inmate feeling dizzy. I was instructed to bring a wheelchair. Found I/M Myles A&O x3 (Person, Place, Time) he was a bit confused to the situation that just happened. He remembers being dizzy and having someone catch him prior to hitting the floor. Bystanders informed me Myles did not hit his head on the floor when he fell. Another inmate caught him and assisted him as he twisted to the floor. Myles was alert, his airway was patent and open. He was breathing slightly fast but not in respiratory distress. He was able to speak in full sentences without dyspnea. His skin color was pale and slightly clammy to touch. His initial radial pulse was slow but strong. We moved Myles to the wheelchair and transported him to the medical dept.. urgent care.

Obtained vitals as stated. 4 lead ecg was sinus bradycardia (44-54) with some occasional unifocal PVCs. Applied oxygen via nasal cannula 3 lpm. After obtaining vitals and ecg, an IV was initiated with normal saline 0.9% at a wide open rate. 18ga cath Left AC one attempt successful. Continued to monitor vitals as 1000 mls of NS were infusing.

Performed a rapid assessment to find injuries to wrist, back and ankle as previously stated. He was feeling better after the infusion was complete and requested to go back to his cell to lay down. Called Dr. Gupta with pt situation and

Inmate Name: MYLES, SAMUEL HAYWOOD

Reg #: 06212-041

Date of Birth: 1956

Sex: M Race: BLACK

Facility: OXF

Encounter Date: 10/08/2012 10:20

Provider: Malcom, Brad RN

Unit: W05

condition. I/M was released back to his housing unit with instructions for rest and follow up blood pressure Q/day. I/M to follow up at sick call if ankle, wrist, or back do not show signs of improvement in a few days.

PLAN:**Disposition:**

Return Immediately if Condition Worsens

Return To Sick Call if Not Improved

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
10/08/2012	Counseling	Access to Care	Malcom, Brad	Verbalizes Understanding
10/08/2012	Counseling	Equip/Device Instructions	Malcom, Brad	Verbalizes Understanding
		ACE wrap and crutches		
10/08/2012	Counseling	Compliance - Treatment	Malcom, Brad	Verbalizes Understanding
		Non-weight bearing left ankle.		
10/08/2012	Counseling	Medication Side Effects	Malcom, Brad	Verbalizes Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** Yes**By:** Gupta, R. MD/CD**Telephone or Verbal order read back and verified.**

Completed by Malcom, Brad RN on 12/25/2012 19:15

Requested to be cosigned by Gupta, R. MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: MYLES, SAMUEL HAYWOOD	Sex: M	Race: BLACK	Reg #: 06212-041
Date of Birth: 1956	Provider: Malcom, Brad RN	Facility: OXF	Unit: W05
Encounter Date: 10/18/2012 10:09			

Sick Call/Triage encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Malcom, Brad RN

Chief Complaint: Pain

Subjective: Continued left foot/ankle pain. Now has swelling and discoloration. He felt left foot/ankle pain after he had a near syncopal episode on 10/8/12. Was given ace wrap, crutches and instructions for RICE therapy.

Pain Location: Foot-Left

Pain Scale: 5

Pain Qualities:

History of Trauma:

Onset: 1-2 Weeks

Duration: 1-2 Weeks

Exacerbating Factors: weight bearing

Relieving Factors: rest, elevation.

Comments:

OBJECTIVE:

Exam:

ASSESSMENT:

Pain-Oral

continued left ankle/foot pain R/O fx.

PLAN:

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Ankle-4 View	One Time		10/18/2012	Today
AP/Lat/Obl [Left], General Radiology-Foot-General [Left]				

Specific reason(s) for request (Complaints and findings):

Left foot and ankle pain. Now has swelling and discoloration since fall on 10/8/12.

Disposition:

Return Immediately if Condition Worsens

Return To Sick Call if Not Improved

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
10/18/2012	Counseling	Compliance - Treatment	Malcom, Brad	Verbalizes Understanding

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	MYLES, SAMUEL HAYWOOD	Reg #:	06212-041
Date of Birth:	1956	Sex:	M
Note Date:	10/18/2012 11:15	Race:	BLACK
		Provider:	Malcom, Brad RN
		Facility:	OXF
		Unit:	W05

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Malcom, Brad RN

X-rays were taken and Dr. Gupta viewed films and results. Verbal order to place inmate in Orthoglass posterior splint, retain crutches, no weight bearing, Motrin 800mg TID x 7 days. Schedule consult with ortho for evaluation/treatment.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Ibuprofen Tablet	10/18/2012 11:15	800mg Orally -three times a day PRN x 7 day(s)

Start Now: Yes

Night Stock Rx#:

Source: Pyxis

Admin Method: Pill Line

Stop Date: 10/25/2012 11:14

MAR Label: 800mg Orally -three times a day PRN x 7 day(s)

One Time Dose Given: No

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Due Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Orthopedic Surgery	10/26/2012		No	

Reason for Request:

Request for evaluation and treatment recommendations for left ankle fx sustained on 10/8/12. Xrays taken on 10/18/12 for continued pain and swelling. Has been using crutches since injury. Placed in posterior splint on 10/18/12.

Provisional Diagnosis:

Fx, left ankle

Additional Records Required for Consultation:

History and Physical, Progress Note(s), X-ray Image(s), X-ray Report(s)

Procedures

Other

Applied Orthoglass posterior splint to left leg from just beyond toes to just below the knee. Used 27" of 4" Orthoglass with cotton padding to fill voids. Held in place with 4 - 4" ace wraps. Good CMS to toes before and after splint was applied.

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: MYLES, SAMUEL HAYWOOD

Reg #: 06212-041

Complex: OXF

Date of Birth: 1956 00:00

Sex: M

Consultation/Procedure Requested: Orthopedic Surgery

Subtype:

Reason for Request:

Request for evaluation and treatment recommendations for left ankle fx sustained on 10/8/12. Xrays taken on 10/18/12 for continued pain and swelling. Has been using crutches since injury. Placed in posterior splint on 10/18/12.

Provisional Diagnosis:

Fx, left ankle

Medications (As of 10/24/2012)

amLODIPine 10 MG TAB Exp: 04/02/2013 SIG: Take one tablet by mouth at the 0630 ***pill line*** to control blood pressure

Aspirin 81 MG EC Tab Exp: 04/02/2013 SIG: Take one tablet by mouth at the 0630 ***pill line*** for heart

Ibuprofen 800 MG Tab Exp: 10/25/2012 SIG: Take one tablet by mouth three times daily with food as needed for 7 days (started via pyxis)

Allergies (As of 10/24/2012)

No Known Allergies

Health Problems (As of 10/24/2012)

Hypertension, Benign Essential, Backache, unspecified

Inmate Requires Translator: No

Language:

Additional Records Required:

History and Physical, Progress Note(s), X-ray Image(s), X-ray Report(s)

Comments:

Requested By: Gupta, R. MD/CD

Ordered Date: 10/18/2012 11:15

Due Date: 10/26/2012 00:00

Priority: Medically
Necessary-Acute
or Emergent

O. Myer, MD 11-27-12, 0835

Dx: Ladd distal malleolus Fr.

Tx: Dk splint

*crutches, w/str - Dk crutches as tolerated
no running, sports for 3 weeks*

*BEHR note
11/27/12
C. E. P. R. C.*

W. H. (H. H.)

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	MYLES, SAMUEL HAYWOOD	Reg #:	06212-041
Date of Birth:	1956	Sex:	M
Note Date:	11/19/2012 10:15	Race:	BLACK
		Provider:	Ritter, C. PA-C
		Facility:	OXF
		Unit:	W05

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Ritter, C. PA-C

X-ray order.

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Ankle-2 View AP/Lat [Left]	One Time		11/23/2012	Routine

Specific reason(s) for request (Complaints and findings):

f/u left malleolus fracture

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ritter, C. PA-C on 11/19/2012 10:16

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name: MYLES, SAMUEL HAYWOOD		Reg #: 06212-041
Date of Birth: 1956	Sex: M Race: BLACK	Facility: OXF
Note Date: 11/21/2012 11:13	Provider: Ritter, C. PA-C	Unit: W05

Admin Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Ritter, C. PA-C

Pt has been compliant with pill line, will allow to self carry his BP medications.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	amLODIPine Tablet	11/21/2012 11:13	10mg Orally each morning x 60 day(s) -- Take one tablet by mouth each morning
	Indication: Hypertension, Benign Essential		
	One Time Dose Given: No		
	Aspirin, E.C. Tablet	11/21/2012 11:13	81mg Orally each morning x 60 day(s) -- Take one tablet by mouth each morning
	Indication: Hypertension, Benign Essential		
	One Time Dose Given: No		

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
25343-OXF	amLODIPine 10 MG TAB	11/21/2012 11:13	Take one tablet by mouth at the 0630 ***pill line*** to control blood pressure
	Discontinue Type: When Pharmacy Processes		
	Discontinue Reason: Order changed		
	Indication:		
	One Time Dose Given:		
25344-OXF	Aspirin 81 MG EC Tab	11/21/2012 11:13	Take one tablet by mouth at the 0630 ***pill line*** for heart
	Discontinue Type: When Pharmacy Processes		
	Discontinue Reason: Order changed		
	Indication:		
	One Time Dose Given:		

Inmate Name: MYLES, SAMUEL HAYWOOD

Date of Birth: '1956

Note Date: 11/21/2012 11:13

Sex: M Race: BLACK

Provider: Ritter, C. PA-C

Reg #: 06212-041

Facility: OXF

Unit: W05

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ritter, C. PA-C on 11/21/2012 11:30

11/27/2012 1:39:24 PM

Mile Bluff Medical Center Fax

Page 2 of 3


Mile Bluff Clinic, LLP

Mile Bluff Medical Center

PATIENT: Samuel Myles Inmate 06212-041
 DATE OF BIRTH: 1956
 DATE: 11/27/2012 8:15 AM
 HISTORIAN: self
 VISIT TYPE: Office Visit

History of Present Illness:

This 56 year old male presents with:
 1. Lt ankle injury


 R. Gupta, M.D.
 Clinical Director
 FCI Oxford, Wisconsin
 DEC 03 2012

ALLERGIES:

No known allergies.
 Reviewed, no changes.

Medications

Started	Medication	Directions	Comment	Stopped
	amlodipine 10 mg tablet	take 1 Tablet (10MG) by oral route every day		
	aspirin			
	lisinopril	take 1 tablet by oral route every day		11/27/2012

Social History

Primary language is English.

TOBACCO:

Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure

Vital Signs

Inmate, Samuel Myles

1956

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11/27/2012 1:40:02 PM

Mile Bluff Medical Center Fax

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Unable to obtain Height and Weight.

Blood Pressure

Time	BP mm Hg	Position	Side	Site	Method	Cuff Size
8:19 AM	132/90	sitting	left	arm	manual	adult

Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min
8:19 AM				64		16

SUBJECTIVE: This 56-year-old gentleman, who is an inmate at the Oxford Correctional Institution, is sent by Dr. Gupta for evaluation and treatment of a left ankle fracture. This actually occurred on 10/08/12. The patient states that he had an issue with his hypertension medication, blacked out and fell, sustaining an isolated injury to the left ankle. He was diagnosed with a lateral malleolus fracture and was treated with a short-leg posterior splint, limited weightbearing with crutches, elevation and ice, and eventually some heat application. He works as an orderly. He has been able to do some of his orderly activities while on the crutches. He denies any history of previous ankle injury, and this is of note because of the x-ray findings, which will be described later.

Past medical history finds no known drug allergies.
Medications are aspirin, ibuprofen, and amlodipine.

He does have hypertension. He has history of positive H pylori culture and other issues, but currently resolved.

Review of systems finds no recent weight change, vision or hearing change, chest pain or shortness of breath, melena, dysuria, and otherwise not remarkable.

OBJECTIVE: The posterior splint is removed. There is no clinical bone deformity, although he does have a little bit of swelling medially. There is no bruising, rash or erythema evident. The patient notes some tenderness to palpation throughout the majority of the length of the fibula, but interestingly, there is no tenderness from the distal several centimeters of the shaft, all the way through the lateral malleolus. He has a little bit of tenderness at the medial ankle ligament complex, but the malleolus itself is without tenderness. There is no tenderness at the anterior joint capsule area. Distal neurological and vascular exam is grossly intact. Calf compartment is soft and nontender.

X-rays: I reviewed three sets of x-rays from Oxford. This consists of an ankle series and a foot series from October 14th, and an ankle series from November 19th. These show the nondisplaced lateral malleolus fracture. There is no displacement of the ankle mortise. He has at least a couple of small cortical avulsions at the tip of the medial malleolus, but the medial malleolus itself has a little bit of misshapen characterization, consistent with an old fracture.

ASSESSMENT: Patient with a left ankle lateral malleolus fracture, with a medial ankle sprain. He is healed enough to come out of the splint and start weightbearing as tolerated. He should discontinue the crutches when he can comfortably bear full weight, whether that is today, a couple days, or several days down the road. He should be kept from running and jumping activities, sports, and weight-lifting that requires use of the lower extremities for an additional 3 weeks. Followup will be on a p.r.n. basis. Now that the splint is removed, any ankle and foot swelling may become more prominently seen and he can have the swelling come and go, depending on his levels of activity, as well as amount of time of elevation, and can be expected over the next few weeks to few months.

cc: Ravi Gupta, MD / Oxford Correctional Institution

Provider: Robert R. Riedle MD 11/27/2012

Electronically signed by Robert R. Riedle MD on 11/27/2012 09:23 AM

Inmate, Samuel Myles

1956

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**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 06212-041

Inmate Name: MYLES, SAMUEL HAYWOOD

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____

☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____

☒ cell: ☐ cell on first floor ☐ single cell ☒ lower bunk ☐ airborne infection isolation Exp. Date: 12/26/2012

☒ other: soft shoe pass x 2 months Exp. Date: 01/28/2013

Physical Limitation/Restriction

☒ all sports Exp. Date: 12/26/2012

☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____

☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____

☐ football ☐ basketball ☐ handball ☐ stationary equipment

☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
Brace - wrist	11/15/2011	11/14/2012	
Per Dr. Reed			
Brace - back	11/13/2011	11/14/2012	

Work Restriction / Limitation:Cleared for Food Service: Yes☒ No Restrictions

Comments: N/A

Ritter, C. PA-C

Health Services Staff

11/28/2012

Date

Inmate Name: MYLES, SAMUEL HAYWOOD Reg #: 06212-041 Quarters: W05

ALL EXPIRATION DATES ARE AT 24:00